multiplied by what should eradicate it), for the proliferation of witches despite or because of all the ostensible efforts to eradicate them. Such analogies illustrate something like the complicity between disease and self-interest remarked throughout this paper: the strange cooperation if not collusion, and near similarity of ostensible opposites, ostensible foes. Such `lunatic' histories comprise Workman's history of early psychiatry, as he does ours:

> Would that we could erase from our history the entire record! but we cannot; perhaps it is best so, for who can say how nearly now we approach the domain of mental darkness, and puerile credulity? (11)[xxxvi]

Other Constructions: A Deteriorating Reality

In his Report for 1867 Workman relates the completion of the new Hospitals. Emphasizing their "ventilation, genial warmth, and general comfort" (1867, 40), he insists, in a way that foreshadows his later semantic scruples over the word "Asylum," that they are less "Hospitals" than "Homes":

> cheerful Homes, in which the health of the feeble, who require particular care, may be improved, or upheld, and the susceptible minds of the gentle and quiet may escape that disturbance and irritation which, in the Chief Asylum, can not be averted. (1867, 40)

If a technical term like "ventilation" seems slightly incongruous among Workman's "homy" attributes, the "Hospitals" had a practical therapeutic purpose too, the control of Workman's ever-dreaded epidemic disease, in the event of which Workman was confident that his "Homes" would prove "highly serviceable" (1867, 40). Ironically, the first occupant of the Western Hospital, intended for males, was neither a man nor a patient but a nurse "who had contracted scarlet fever" (1867, 40).

If these Hospitals were "home-like," the main building appears to have been a rather chaotic place. Workman's concern that "had the girl remained in the crowded ward to which she belonged, not only would her own life have been